

Important Notice: Replacement of Life Insurance or Annuities

A Personal Information ::

- B Confirmation of Existing Insurance ::**

☐ **No:** Sign page 3 to complete form. No other action is required.

C Replacement Questions

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer or otherwise terminating your existing policy(ies) or contract(s)? ☒ Yes ☐ No
2. Are you considering using funds from your existing policy(ies) or contract(s) to pay premium due on the new policy or contract? ☒ Yes ☐ No
3. If you answered Yes to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the policy or contract number if available, and the Insured or Annuitant) and whether each policy or contract will be replaced or used as a source of financing:

Insurer Name	Contract or Policy Number	Insured or Annuitant	Replaced (R) or Financed (F)
Prudential	E0881178	JAMES F IAMPIERI	<input checked="" type="checkbox"/> R <input type="checkbox"/> F
			<input type="checkbox"/> R <input type="checkbox"/> F
			<input type="checkbox"/> R <input type="checkbox"/> F

